

|  |  |                        |                   |
|--|--|------------------------|-------------------|
| <b>TRANSMITTAL FORM</b>                                  |  | Application Number     | 10/581,822        |
| (to be used for all correspondence after initial filing) |  | Filing Date            | February 14, 2007 |
| Number of Pages in This Submission                       |  | First Named Inventor   | Koyama, Rika      |
|  |  | Art Unit               | 2626              |
|  |  | Examiner Name          | NATALIE LENNOX    |
|  |  | Attorney Docket Number | 082420-000500US   |

| ENCLOSURES (Check all that apply)   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached   | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Return Postcard |
| <input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input checked="" type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Reply to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.  |  |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |   |          |        |
|--|---|----------|--------|
| Firm Name                                  | Townsend and Townsend and Crew LLP  |          |        |
| Signature                                  |  |          |        |
| Printed name                               | Kent J. Tobin   |          |        |
| Date                                       | July 28, 2008   | Reg. No. | 39,496 |

| CERTIFICATE OF TRANSMISSION/MAILING  |   |      |               |
|--|---|------|---------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. |   |      |               |
| Signature  |  |      |               |
| Typed or printed name  | Sharyl Brown  | Date | July 28, 2008 |

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEES TRANSMITTAL For FY 2007

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 180)

| Complete if Known    |                   |
|----------------------|-------------------|
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| First Named Inventor | Koyama, Rika      |
| Examiner Name        | NATALIE LENNOX    |
| Art Unit             | 2626              |
| Attorney Docket No.  | 082420-000500US   |

#### METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_  
 Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  
 under 37 CFR 1.16 and 1.17

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

#### FEE CALCULATION

##### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| <u>Application Type</u> | FILING FEES         |                 | SEARCH FEES         |                 | EXAMINATION FEES    |                 |                       |
|-------------------------|---------------------|-----------------|---------------------|-----------------|---------------------|-----------------|-----------------------|
|                         | <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Fees Paid (\$)</u> |
| Utility                 | 310                 | 155             | 510                 | 255             | 210                 | 105             | _____                 |
| Design                  | 210                 | 105             | 100                 | 50              | 130                 | 65              | _____                 |
| Plant                   | 210                 | 105             | 310                 | 155             | 160                 | 80              | _____                 |
| Reissue                 | 310                 | 155             | 510                 | 255             | 620                 | 310             | _____                 |
| Provisional             | 210                 | 100             | 0                   | 0               | 0                   | 0               | _____                 |

##### 2. EXCESS CLAIM FEES

###### Fee Description

|  | <u>Small Entity</u> |
|--|---------------------|
| Each claim over 20 (including Reissues)            | Fee (\$)            |
| Each independent claim over 3 (including Reissues) | Fee (\$)            |
| Multiple dependent claims                          | Fee (\$)            |

| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> |                      |
|---------------------|---------------------|-----------------|----------------------|----------------------------------|----------------------|
| -20 or HP =         | x                   | =               |                      | <u>Fee (\$)</u>                  | <u>Fee Paid (\$)</u> |

HP = highest number of total claims paid for, if greater than 20

| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> |                      |
|----------------------|---------------------|-----------------|----------------------|----------------------------------|----------------------|
| -3 or HP =           | x                   | =               |                      | <u>Fee (\$)</u>                  | <u>Fee Paid (\$)</u> |

HP = highest number of independent claims paid for, if greater than 3

##### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

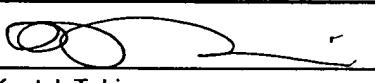
| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|---------------------|---------------------|---|-----------------|----------------------|
| - 100 =             | / 50 =              | (round up to a whole number) x                          | =               |                      |

Fees Paid (\$)

Non-English Specification, \$130 fee (no small entity discount) \_\_\_\_\_

Other (e.g., late filing surcharge): Submission of Information Disclosure Stmt \_\_\_\_\_ 180

#### SUBMITTED BY

|                   |   |   |                        |
|-------------------|---|---|------------------------|
| Signature         |  | Registration No. 39,496<br>(Attorney/Agent) | Telephone 650-326-2400 |
| Name (Print/Type) | Kent J. Tobin   |   | Date July 28, 2008     |